**HARM OUTSIDE THE HOME / EXPLOITATION SHORT SCREENING TOOL**

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| **PRIOR TO THE CALL** |
| **Review referral, Children’s Social Care history, and previous contacts; check for any CIN, CP and LAC history** |
| **Consideration: MISSING EPISODES** |
| * **Are there times when you don’t know where your child is?** * Talk about phone tracking software; Do parents/carers have it? Do they know how to use software and apps? * Does your child miss curfew? How often? How late? Do they keep in touch if they are late? * Have there been times that your child has gone missing, and you haven’t reported it to the Police? * (Advise parents/carers they do not have to be missing for over 24 hours and can report immediately) |
| **Consideration: ASSOCIATES** |
| * Are there concerns about who your child spends time with? * Do you know all/most of your child’s friends? (Note: this is harder when at secondary school!) * Do you know any of your child’s friend’s parents? * Are your child’s friends of a similar age? * How does your child meet their friends? (Online? Face to Face?) * How do they get to and from meeting their friends? Who do they get lifts from? * Has your child been making phone calls late at night? Has this increased recently? Who are they speaking to? * How does your child communicate with their friends? Explore different apps etc. * Ask for names of associates (be mindful of data sharing) |
| **Consideration: UNKNOWN GIFTS OR MONEY** |
| * Do you know where your child gets money (and gifts) from, or where their money goes? * Do you know how, when, and where your child spends their money? * If your child has a debit card, do you see their transactions? * Are there cash withdrawals or unexplained spending? * Does your child ever have money or items you can’t account for? When? How much? |
| **Consideration: ALCOHOL AND SUBSTANCE USE** |
| * Have you ever been worried about your child drinking alcohol or using illegal substances? * Would you recognise the smell of alcohol or cannabis on your child? * Would you know the signs of your child being under the influence of alcohol or drugs? * If yes, how often, where do they get it from, how is it paid for, is it ever on credit aka ‘on tick’? * If yes, are they doing this on their own or with others? * Have you ever noticed money/items going missing from you or your family? (Potentially to buy alcohol/drugs?) |
| **Consideration: EDUCATION & LEARNING NEEDS** |
| * How is your child’s education going? * Is your child in school/college/work? What is their current attendance? * Does your child have an Education Health Care Plan (EHCP) or diagnosed learning needs? * Do they give consent to speak to education provision for a wider picture (if referral not from the provision) * What is your child’s attitude to school/college/work? |

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| **Consideration: MENTAL HEALTH AND BEHAVIOURS** |
| * How is your child’s mental health? * Is your child open to any mental health services? Do they have a diagnosis? What support are they receiving? * How is your child’s mood? Has it changed? If so, how? * How is the child’s presentation? Has it changed? How? (Ask them to describe their presentation) * Do you have any self-harm concerns about your child? (Is clothing appropriate e.g. sweaters in summer to hide self-harm or weight loss) |
| **Consideration: RELATIONSHIPS WITH PARENT(S) AND HOUSEHOLD** |
| * How does your child get along with you as parent(s), and with the family? * Do you feel that your child feels able to tell you about something if they’re worried? * Does your child get on with siblings? * Are there other adults in the family – how are those relationships? * Did you already know about the concerns in the referral? (How did they get the information? If a police report; did parents report it to police?) * Does your child behave (more) secretively recently? * Does your child respect your views and boundaries in the home? |
| **Consideration: SEXUAL BEHAVIOURS AND RELATIONSHIPS** |
| * **Do you have any knowledge or worries about your child’s relationships?** * Have they mentioned having a boyfriend/girlfriend/partner? Are they appropriate? * Have you met them? Where do they meet? How do they know each other? * Are there any indications that they may be sexually active? i.e. condoms, pregnancy, ‘love bites’ * Has your child changed the way in which they dress recently? * Are they seeking sexual health support? Are they aware of where the local clinics are? * Do you talk to them about healthy relationships? If they had concerns or questions, who would they speak to? |
| **Consideration: RISK INDICATORS OF EXPLOITATION** |
| * Does your child travel to unknown places/locations? Do they lie about where they are going? * Does your child have more than one phone or SIM cards? (‘burner’ phone) * Has your child ever had/discussed having a weapon on their person? Do they associate with people who have had weapons on them? * Has your child discussed any ideologies that are extreme or different from your family’s ‘norms’? |
| **Next steps: SAFETY PLANNING: GIVING ADVICE** |
| * Tracking on phone i.e. apps, find my friends * What positive things can they do as a family? * Call Police and keep them informed of any updates. Please keep notes with ‘who, what, when?’ * Be clear about expectations boundaries and routines. * Draw on your support network to help with safety and to support you with managing the worries. * Please reach out and keep an open dialogue with universal services for support or advice (GP, School, Elevate) |
| **Next steps: CREATING A SAFETY PLAN WITH THE FAMILY**  ***(record answers as the family’s safety plan)*** |
| * What are the boundaries / rules for curfew? * What will you do if child goes missing again or breaks curfew? * Who will you call if you need support? (professionals) * Who will you call if you need support? (family and friends) * How can you monitor phone usage? * What will you do over the next week to create positive family time? |